

depends on these collaborations working well. Yet such relationships are not the norm. In this paper, we reflect on our real-life experience of linking qualitative research and clinical practice in the Collaboration for Leadership in Applied Health Research and Care for Northwest London (CLAHRC NWL) – an ambitious project funded by the UK National Institute of Health Research to support collaborations between clinicians, academics, and patients to improve healthcare. We discuss successes and challenges both of doing qualitative research in this context and ways of becoming partners.

**Methods:** Critical, reflexive dialogues to identify different perspectives about what works well and what brings challenges.

**Findings:** Key challenges and opportunities were connected with the risks associated with new ways of working; differing ideas about purpose, value, and expectations from research; institutional opposition; clashing research paces, language and knowledge backgrounds, particularly relating to impact evaluation and rapid feedback needed to change practice versus broader theory development and ethnography; time needed to develop a shared understanding of the work. Our path was made smoother by shared commitment to dialogical practice and recognition of legitimacy of different partners' knowledge; a long time frame with corresponding resources to identify and resolve issues and create an enabling space for collaboration; preparedness to work iteratively and reflexively; and shared end goal to collaborate and use participatory approaches to strengthen research and improve healthcare.

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## 002 OP COLLABORATING FOR BETTER HEALTH: THE ROLE OF QUALITATIVE RESEARCH<sup>a</sup>

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**Background:** Academics are asked to collaborate with clinicians and clinicians with patients; getting evidence into practice